

FILED AUG 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26211

BIRTH NO. --- REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) (Mrs. J. P.)		c. (Last) Turner		4. DATE OF DEATH (Month) (Day) (Year) 8-11-1954	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 3-22-1874		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME W. H. Brown		13b. MOTHER'S MAIDEN NAME Mary Donnell		14. NAME OF HUSBAND OR WIFE James P. Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emil Dillinger-Cassville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from July 2, 1954, to Aug 11, 1954, that I last saw the deceased give on Aug 11, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Name) H. Sawyer M.D.		23b. ADDRESS (Degree or title) Cassville Mo		23c. DATE SIGNED Aug 17 - 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-14-1954		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Cassville, Missouri	
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DATE REC'D BY LOCAL REG. 8-18-54		REGISTRAR'S SIGNATURE Grace Williams 10-0		25. FUNERAL DIRECTOR'S SIGNATURE G. E. Culver - Cassville		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2050

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 854-86

DATE REC. 8-21-54

AUG 25 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.